# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 FILED AUG 28 1963 Primary Registration District No. 1002 Registrar's No. 4478

63-032194 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 3 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1310 EAST ARMOUR BLVD ELMS NURSING HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: JOHNSON
c. CITY OR TOWN: MISSION
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4704 WEST 61 ST STREET
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NANCY Middle CATHERINE Last CRAIG

4. DATE OF DEATH: Month AUGUST Day 10 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/25/1866

9. AGE (last birthday): 97
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (City and state or country): NODAWAY COUNTY MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: QUINTON WILSON

13b. MOTHER'S MAIDEN NAME: GRAVES

14. NAME OF HUSBAND OR ~~WIFE~~: HUGH CRAIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: WILSON H. CRAIG
Address: 4704 WEST 61 ST STREET MISSION KANSAS

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probably intestinal obstruction from strangulated umbilical hernia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
also: Senile Cardiac exhaustion failure
~~DUE TO~~ (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Healed fractured hip 3 yrs ago

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐: none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: none

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952 to Aug 10 '63 and last saw her ~~him~~ alive on Aug 9 1963
Death occurred at 2:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION — Harvey Jennett

22a. SIGNATURE (Degree or title): Harvey Jennett M.D.
22b. ADDRESS: 1500 Professional Bldg Kansas City Mo
22c. DATE SIGNED: 8-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: AUG. 11, 1963
23c. NAME OF CEMETERY OR ~~CREMATORY~~: GRAVES CEMETERY
23d. LOCATION (City, town, or county) (State): GUILFORD MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMERS SONS
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 8-11-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Rollie Kessel
Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.